Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

In the Matter of	)	
	)	
Rural Health Care	)	WC Docket No. 02-60
Support Mechanism	)	
	)	

REPLY COMMENTS OF

Healthcare Anywhere, Inc.

Respectfully submitted by,

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REPLY COMMENTS

Washington Federal Strategies on behalf of Healthcare Anywhere, Inc., a non-profit entity formed to deliver innovative telemedicine services anywhere they are needed, respectfully submits these Reply Comments in response to the *Further Notice of Proposed Rule Making ("FNPRM")*, released by the Federal Communications Commission ("FCC" or "Commission") on December 17, 2004, in WC Docket No. 02-60. These Reply Comments address some of the Comments filed in this proceeding and offer some suggestions in response to some of the FCC's questions regarding the best means of extending universal service support for mobile rural telemedicine applications.

I. STATEMENT OF INTEREST

Healthcare Anywhere, Inc. is a non-profit entity formed in January 2002. Its mission is to promote telemedicine, including mobile telemedicine, by developing and managing projects that deliver healthcare services to underserved populations. It also expects to work with rural health clinics that need new ways to reach out to their communities, to improve post-surgical follow up, to reduce the costs of care, and to facilitate patient care at home, as appropriate. The founders of Healthcare Anywhere created this entity to continue work that they undertook in 2001 to test the use of satellite transmission of mammographic images for real-time reporting.[1] Healthcare Anywhere has designed a program for the operational phases of a mobile digital mammography project that provides breast cancer examinations, with real-time reports, to underserved women in rural settings using telemedicine.

[1] *See* Gitlin, J., White, D., Fetter, J., Cook, L., and Linton, A., *Mobile Digital Telemammography, Phase I Report, Installation and Testing*, a report submitted to the Susan G. Komen Breast Cancer Foundation, November 2002.

Healthcare Anywhere focuses on public health programs providing high quality radiological and diagnostic services in rural areas.

The future of cost-effective, high quality medical care – especially in rural areas - lies in using telemedicine applications to bring doctors, patients, and medical records together. We believe that telemedicine is a key to bringing real-time medical expertise to communities that cannot support medical specialists on their own.

To date, the FCC has expanded the applicability of the Universal Service Administrative Corporation's rural healthcare program admirably. We applaud the Commission for opening the debate on issues raised in the pending *FNPRM*.[2]

Telemedicine applications have a unique need for high bandwidth because of the urgent need to transmit data intensive medical image and other patient information with 100% integrity. It is for these reasons that Healthcare Anywhere is participating in this proceeding.

II. DISCUSSION

A. *Increasing Support for Internet Access*

The Commission sought comment on whether to increase its current level of support for internet access beyond twenty-five percent. Healthcare Anywhere supports the concept of increasing the cap on reimbursement for internet services for rural healthcare providers beyond 25%. Currently, the cost of providing healthcare services is escalating rapidly in the United States. That has a cost to the whole society. The Department of Health and Human Services is urging healthcare providers to implement a range of new technologies to reap the cost efficiencies and

[2] Healthcare Anywhere was devoting its energies to an on-going healthcare project, and did not file comments in this proceeding, but given the Commission's interest in mobile health, we wanted to participate at this point.

improvements in information flow that come from better information management. Use of the internet helps to make the cost savings and better information management possible. Thus, we believe that the FCC's actions would be in keeping with the overall need to use technology to provide better healthcare in this country.

In past proceedings in WC Docket 02-60, Healthcare Anywhere has articulated a position that healthcare providers make decisions about formulating rural telemedicine programs based upon the needs of the patients and standards of good patient care. That is true whether formulating a mobile health program or implementing any sort of telemedicine project. In working on developing telemedicine projects, we have encountered an awkward anomaly. Healthcare Anywhere and the Indian Health Service selected satellite telecommunications services to transmit large digital mammography images, and our original plan was to use the same satellite link for an internet connection over which doctor's reports would be sent by e-mail. To operate that way, the two types of communication, running on the same mobile health network would be treated very differently under the Commission's rules, and the e-mail connection would have been prohibitively expensive with only 25% reimbursement. This means we will dial to the internet instead. This situation does not seem technologically sensible.

The internet portion of the communication will flow over the same infrastructure, and it makes little sense that the service should be purchased separately, billed separately, and reimbursed separately. We acknowledge that for the FCC there is a meaningful distinction between internet services and telecommunications services. Yet, from the telemedicine consumer's perspective, that distinction is not important. Healthcare Anywhere believes that this was explained especially well in the Comments filed by the University of Virginia Office

of Telemedicine.[3] For purposes of universal service support for rural telemedicine programs, we urge the FCC to adopt regulations that offer parity (consider it reimbursement neutrality) between telecommunications and internet services. Where there are very inexpensive, effective internet alternatives, the Universal Service program is still structured to direct a rural healthcare provider to the more economical alternative. If the Commission chooses not to reimburse in the same way it does for telecommunications services, we would urge the FCC to increase its support for internet services to a level of 75%.

Verizon noted in its Comments that it is premature for the Commission to explore additional expansion of the Universal Service program.[4] Healthcare Anywhere disagrees. Upon review of the Comments filed by the American Telemedicine Association (ATA), we agree with ATA with respect to its position on internet support, although we disagree with their suggestion that the FCC impose a cap.[5] ATA has presented very useful information regarding the scope of potential users of the rural healthcare program. Since the Commission wishes to make the rural healthcare support mechanism truly helpful to internet service users in rural areas, we believe that increasing the support level is appropriate. Further, given the number of eligible providers, it does not seem that an increase in reimbursement for internet services would exceed the limits of the rural healthcare program.

With respect to ATA's suggestion that the Commission cap the amount of subsidy, we do not agree.[6] If the Commission adopts this proposal, it might create

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3 UVa Comments at 14-15.

4 Verizon Comments, at 1.

5 ATA Comments at 3.

6 If the cap ATA proposes is not on a specific subsidy to a specific provider but if they meant a cap for the whole program, we would disagree with that proposal based upon the same analysis – the cap will create arbitrary barriers to choosing the most cost-effective communications service for the telehealth purpose.

artificial barriers "all eligible providers," and placing a cap on support might well stifle innovation and competition. The imposition of a regulatory cap could arbitrarily preclude a healthcare provider from shifting to the use of internet services rather than using telecommunications services. For instance, a healthcare provider might be able to use a new "wi-fi" internet service in a small community. That healthcare provider might not shift to the new, more effective service because of the cap. Because the healthcare provider could lose out on reimbursement, it might opt for a telecommunications service for which funds were unlimited in this way.

The Commission has created policies that foster more openness, more competitiveness, and more innovation to provide better healthcare in rural areas. It does not seem that a cap on the amount of reimbursement for a particular kind of service is consistent with the goals the Commission is trying to achieve. As a nation, we are attempting to reduce the health disparities between rural and urban America. Real-time telemedicine interactions, mobile telemedicine, and other new approaches seem to be key parts of correcting those healthcare disparities. This is not the traditional approach to healthcare. Within Healthcare Anywhere, we think about policies not based only on what people are doing now, but based upon what they might do in the future as demand for better healthcare and innovation move us forward. As it has in the recent past, we urge the Commission to continue writing regulations that enable innovation and improvements in healthcare.

B. *Mobile Health Clinics Should be allowed to use a range of wireless services*

In its *FNPRM,* the Commission asked commenters to address whether other telecommunications platforms, such as terrestrial wireless, may provide the most cost-effective means of providing a telecommunications link. In its Comments,

Verizon argues for technological neutrality.[7] As we stated above and in previous filings in this docket, we are in support of technological neutrality. Where there are terrestrial wireless alternatives that offer the same bandwidth and accessibility as satellite, we believe it makes sense to employ such terrestrial wireless alternatives. In truly remote or rural areas, there is not much in the way of infrastructure, but with the expansion of mobile health services and other initiatives, we can imagine a time when many small, rural communities would have local wireless infrastructure that would be able to accommodate the needs of a visiting mobile clinic.

As described by the University of Virginia, we hope that this program would support the use of terrestrial wireless services as it has generously expanded to support the use of satellite services by mobile health clinics.[8] As noted above, healthcare providers design programs based on healthcare needs not on technology.[9] The more technologically neutral the Commission's rules are the better.

Healthcare Anywhere also agrees with the views presented by Avera Health in the Comments it filed.[10] Avera Health notes that some areas already have other wireless options. For a mobile health program, the idea is to use a

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7 Verizon Comments at 4.

8 UVa Comments at 16.

9 We remain concerned that there seems to be resistance, from ATA, to the use of satellite services by mobile health clinics. The Commission adopted standards that would require a showing justifying the need for such services. The observation that no eligible rural health providers have made that showing yet is misleading since the regulations related to satellite service are not yet operable. Further, ATA's observation that mobile clinics can use land lines at other existing facilities is inapplicable. There are many rural and remote parts of the United States where there is no broadband infrastructure in a community. While ATA mentions the US Mexico border as a place lacking usable fixed facilities, the same is true near the US Canada border, on many Indian Reservations, in a range of mountain towns and villages across the western US, throughout Appalachia, and more. Healthcare Anywhere is grateful to the FCC for adopting regulations that allow the use of satellite to deliver healthcare from a mobile clinic in rural areas where satellite service is necessary. As we have learned, ATA's description of what a typical mobile health program looks like today may not be an accurate picture of what mobile health can do, and where mobile clinics could go, if they were not forced to visit existing healthcare facilities to utilize the fixed infrastructure there.

10 Avera Health Comments at 2.

telecommunications service that is not tied to a fixed wire, and therefore that does not limit the flexibility of the mobile service. When available, terrestrial wireless can allow a mobile clinic to use the flexibility of its mobility. To us, it only makes sense to think of including other terrestrial wireless services in this program.

C. *Infrastructure Development.*

The Commission has received a variety of comments on its inquiry whether support for infrastructure development should be part of the rural healthcare program. To Healthcare Anywhere, this is not a simple question. The Comments filed range from urging support for carrier/last mile infrastructure[11] to encouraging support for equipment at the healthcare provider's facility.[12] Healthcare Anywhere will offer the following experience, in case it is of assistance to the Commission. The projects that Healthcare Anywhere has been exploring generally require a great deal of bandwidth. Since our primary project is also mobile, that bandwidth has needed to be available without wires, and in the very remote rural areas where the mammography screenings will be done, that has required satellite services.

Healthcare Anywhere and the Indian Health Service which sponsors the program are mindful of the high cost of satellite services necessary for this innovation in delivery of care. There are bandwidth accelerator technologies in the marketplace that might allow such projects to accomplish their goals using only half the bandwidth. For now, the Commission's rules do not provide any support for investment in that sort of technology. It may not be possible for the Commission to write regulations that would provide such support. If the FCC cannot address this matter, Healthcare Anywhere encourages the Commission to work cooperatively with other federal agencies to make it easier for rural healthcare providers to find

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11 California State Rural Health Association Comments at 3.

12 ATA Comments at 9, Avera Health Comments at 3.

the money to invest in the types of technology that could support innovative telemedicine while keeping costs low.

D. *The public interest is served by this proceeding*

As Healthcare Anywhere has noted above and throughout its participation in this proceeding, it is working on projects that use technologies in new ways to expand the outreach of quality healthcare. We recognize that it is difficult to write regulations that plan for innovation. Yet, it is what we are urging the Commission to do. The healthcare provider makes its decisions based upon the needs of the patient and community and the best ways to deliver high quality care cost-effectively.

Clearly, rural America suffers from lack of access to healthcare, both in emergencies and in access to medical specialists. Telemedicine offers an opportunity to bridge that gap by bringing more resources to rural areas using telecom technologies. Mobile telemedicine offers the ability to cover more distance, maximize the use of expensive medical technologies, and reduce barriers that patients face in access to care. The result is that better healthcare will be available to those Americans living in rural areas.

Given the disparities between urban and rural care, if it were cost effective to provide better care using traditional models, then why is that not being done? Healthcare Anywhere believes that technology is just now providing the opportunity to solve historical problems in new ways. We are pleased that the Commission has shown such support for this concept through its rulemaking process.

Our experience has shown us that when patients receive immediate feedback from the healthcare community regarding screenings and recommended next steps, those patients are more likely to comply with the recommendations and follow prescribed actions. That is what causes us to believe in real-time transmission of

data and reporting back. We know that if a patient gets a mammogram but does not follow through with the next steps, the money spent on the mammogram is wasted. Further, by not acting quickly after breast cancer is detected, the costs are significantly higher – both in terms of dollars spent on treatment and in lives lost. So, Healthcare Anywhere works to develop healthcare delivery plans that will address these concerns – immediacy in reporting, follow up, access to the best care available, and better outreach to the communities where patients live.

In planning the project, we learn every month of another remote community that wishes to be added to the route, because they are situated far from mammography services and the local residents need those services. We hope that by being somewhat self-sufficient, bringing our own telecommunications links as part of the mobile clinic, we will be able to serve those who reach out to us in this way.

III. CONCLUSION

Healthcare Anywhere urges the FCC to modify its rules to allow for higher support for internet services for telemedicine applications. In increasing the support for internet services, the FCC can lower barriers to innovation in telemedicine. Greater innovation and increased competition will help offset any increased subsidies, while simultaneously helping us to provide better healthcare in rural areas. We also urge the FCC to expand its rules to provide support for terrestrial wireless services as well as satellite services for use by mobile health clinics. Accordingly, Healthcare Anywhere respectfully requests that the Commission adopt the proposals set forth herein.

Respectfully submitted,

/s/

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